DISCLOSURE SUMMARY PA		DR-2	DISCLOSURE
COMMITTEE NAME (Must be same as on Statement of Hardin Co dernocratic Central C	Organization)	(Rev. 05/2002)	REPORT
Frague Co no reportate Central C	Minutes /	For Office Use O	nix
MPORTANT: Indicate type of committee you are reporting for:		Comm. #	
1)Statewide/Legislative Candidate (2)Statewide PAC (3)State Part	ly (4)County/Local/Camplidate	Induced	
5 )County PAC (6) Ballot Issue/Franchise Committee (7 )County/Cli 8 )Support State of Candidates	ly Central Committee US Jan 25, An I	Computer	
CANDIDATE COMMITTEES ONLY:			The state of the s
Candidate Name	Political Party	L	
		$\delta c_{ij} c_{ij}$	
Office Sought	District (if Senate or House)		
	-	4.0	A SAME TO SAME
K. + P. K.	141111111111111111111111111111111111111		
With & My	641-648-908-	_ · · · · · <u>C</u> . ·	22-08
NATURE OF TREASURER (or person flling this repo	TELEPHONE	DATE 8	HONED
Routine Penalties Due For La	ate Filed Reports Range from	\$20 to \$800	and the state of t
t · · · · · · · · · · · · · · · · · · ·		and the Marian State of the Sta	
EINSTRUCTIONS ON BACK AND COMPLETE IN FILING A 1-22-08		and the same	
(report date)	REPORT FOR ANA (1) ELECTIC	السكين	TION YEAR.
		one Z	
HECK IF AMENDMENT TO REPORT DATED	Local	Committees, enter De	te of Election
Phone Male to Sent (A		· • • • • • • • • • • • • • • • • • • •	
Check if this is final (termination) report and attach Notice (You must continue to file reports until a Notice of		<b>&amp; Local Committeer</b> Election is held	, enter County in
BH ON HAND at the beginning of the reporting period. ( by the committee. This amount MUST be the sam of the last reporting period, or must be zero if this is ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cost Contributions total (Attach Sobo	e as the cash on hand at the end s first report filed.)	305	00
Schedule A: Cash Contributions total (Attach Sche	•	<del></del>	
Schedule F: Loans Received total (Attach Schedul	•		-
Schedule H: Total Sales of Campaign Property (At			
(Schedule H applies to Candidates' Cop		411	944
CUSTOACT TOTAL MONEY COPING THE COPING	8UB-TOTAL	• ///	
SUBTRACT TOTAL MONEY SPENT THIS PERIOR			10/70
Schedule B: Expenditures total (Attach Schedule B	•		06
Schedule F: Loan Repayments total (Attach Sched			211
H ON HAND at the end of this reporting period (if final r	•	P34:	37 74
be zero) (Attach DR-3)	***************************************	·	
PAID BILLS (From Schedule D - Attach Schedule D)	***************************************	\$	
IND CONTRIBUTIONS (From Schedule E - Attach Sch	· · · · · · · · · · · · · · · · · · ·		40 40
TSTANDING LOANS (From Schedule F - Attach Sched		<del></del>	
DIDATE COMMITTEES ONLY:			i i j
SULTANT BREAKDOWN (Schedule G Attached?)		YE	s NO
		YE	aNO
1.			
·			

For instructions.	See Back of Form
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(Including candidate's personal funds)

COMMUTER MANE OF		
COMMITTEE NAME (Must be same as on Statement of On Hardin Co Ulmocratic Central	genization)	
Hardin (s ilmogratic Central	C.	, <b>.</b> .
	mmul	

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
CHE AME	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FU RAI
2/19/07	ID# CK#	Pass the hat a boun trotag		\$ /2 00	INC
2/22/07	ID# CK#	Owert Phone Co refund from headquarters p	-	36	
4/16/07	CK#	Pass thehat & Comm mtq		22 00	
5/21/07	CK#	Pass the hat@ Comm my		1500	
-118/07	ID# CK#	Pass the hat. @ lonum Mtg		21 00	
7/16/07	ID#	Pass the hate Comm my	Marian Marian Marian Marian	24 00	
7/16/07	ID# CK#	Ochly, La profet from July 4 Booth		202 12	
9/17/07	ID# CK#	Pass the hat@ Comm mtg		35°°	<del></del>
10/15/07	ID# CK#	Pres the Net e Commo mity		35	
1/11/07	ID# CK#	pass the hat @ Comm mby		4400	
			SUB-TOTAL	.446.24	<del></del>

TOTAL (if last page of this schedule)

<sup>\*</sup> Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no

For	Instructions,	See	Deak	of Farm
,		, 300	Back	or com

(Including candidate's personal funds)

COMMITTEE MANEE		
COMMITTEE NAME (Must be same as on Statement of C Harden Co Memocrat Central	Organization) :	
Harden Colleman & Colland	Ø iT	
1/10-10-10-10-10-10-10-10-10-10-10-10-10-1	Lynnun	W

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
CHE AME	CK THIS BOX IF

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (If applicable)	AMOUNT RECEIVED	√ IF FUN RAIS
11/18	CK# 5589	Sharon Tremen 1202 2nd Ave. achley, In 50601		100	INCC
11/18	CK# 5908	Judy Fennegan 19987 Havy DIS Jowa Falls, La 60126		11 = 20	
11/18	CK# 1602	Melody Hoy 811-16th Are Eldora, Ja 50627		12100	
11/18	CK# 6591	Dalene Dolan 2122 Rwei Rd Jown Fales, In 50126		100 00	
11/16	ID# CK# 7837	Kristi Harris 109 Glenn Dr. Sona Falls, Da 50126		23	
uhz	CK# 6/98	Kenneth Kupan 1365 College ave Jour Falls, In 50126		38	
11/18	CK# 2285	Vernor Harper 2138 /6005+ Hampton, IA 5044/		10000	
4/18	CK# 4029	Nettra Brasa 345 Lineven Jowa Falls, In 50126		50	
11/18	ID# CK# 7271	Marion Kuper 10749 Hwy 555 Ackley, In 50601		48 <u>00</u>	
11/18	CK# 5118	Janet Kampertson 1619 Cothrele Jour Falls, Ja 50126		35 00	
			SUB-TOTAL		

TOTAL (if last page of this schedule) \$

Page 2 of 6

<sup>\*</sup> Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no

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(Including candidate's personal funds)

F	4 33	-,	14 7		
COMMITTEE NAME	Must be same a	on Chalan			
	ارات مرايعها و مورون المارية ا	s un sieleni	ent of Orgal	<b>nization)</b>	100
Hardin 4	sunty De	ע ה החונותר		10	10
	1 1-	7,400	unne	1 Cim	COO

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
CHE AME	CK THIS BOX IF NOING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAG (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MW/DD/YR)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (If applicable)	AMOUNT RECEIVED	FI
11/13	CK# 6762	Leila Randall 303 Wegrauch Rd Jowa Falls, Ja		\$ 10	
11/18	CK# 5216	Loven Langford 507 Ceday St Jowa Fills, In 50126		21 00	
11/13	CK# 1688	mayorie Cleverings 418 graon Ave June Fell 2 50126		60 44	
11/18	CK# 678	Ed Bear 19998 V Ave Steembort Rock de 50672		25 -	
11/18	ID# 5907	Judy Fennegor 19987 Hwy D15 Awa Falls, Se 50126		25 00	
a/18	ID# CK# 2017	Mary Beth william 762 Winter Lane Clarenove, OK 74017	and the second of the second o	50	•
11/18	ID# СК# 3647	Janeia Mura 1116 Woodland ave Jown Falls, Sa 50126		26	_
11/18	ID# CK# 9272	Jon Hertland 11140 maplehurst Nr. Down Falls, La 50126		115	
11/18	CK# 6197	Kinnett Kupe 1365 Calline Ave Jown Falls, In 50126		25 00	
11/18	id# ск# 4310	Iva Briep 608 5 ch Are arkley, In 50601		2500	<del></del>
			SUB-TOTAL	\$421.25	

TOTAL (if last page of this \* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no

schedule)

For Instructions, See Back of Form

## CONTRIBUTIONS - MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Hardin Co Democratic Central Committee

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
(T) CHE	CK THIS BOX IE

AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MWDD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	V IF FUN RAIS INCO
11/18	CK# 6064	Linda Lehtola 1219 main St Jowa Falls, da 50/26		100	inco
11/18	CK# 8419	Honna Mae Roberts 25093 Huy DIS Jown Falls, Ja 50176		25 5	
11/18	CK# /GOI	Timothy Hoy 811 16th Are Eldora, Se 50627		25	
11/18	CK# 29666	Kurti R. Kulsey 14083 P Ave Jown Falls. In 50126		25 00	
11/13	CK# 52/5	Loven Longitud 807 ledar St Jowa Falls, Ja 50176		30 =	
11/18	CK# 1943	James Johnson 32 290 Hwy 175 Eldora, Se 50627	en varia	10 00	
11/18	CK# [155	McKenley Bailey Box 64 Webster City, In 50595		20	
11/18	ID# CK# 9245	Mary Hertland 11140 Maplehunt Nr. Jown Falls. In 50126		20	
11/18	ID# CK#	Cash from fundraise		692 =	
	ID# CK#				<del></del>
			SUB-TOTAL	gun @	وسيست

TOTAL (if last page of this schedule)

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no

Page # of 10

For Instructions.	See Back of Form
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(Including candidate's personal funds)

COMMITTEE NA				, ••
COMMITTEE NA	ME (Must be same as on Statement of Org	enization)	<i>j</i>	
Hondi	Co Democat Central	a	19.	
	co rumous unus	Comm	uu	8

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
CHE AME	CK THIS BOX IF

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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CAUTION: Section 68B.32A(6), lows Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ II FL RA
11/20/07	<u> </u>	Mary Beth Fowler  111 Foster Black Sovoa Falls, De 50126		\$ 75-00	INC
2/14/07	CK# 4401	Rett or Merelyn Bookman Box 336 Huftard Dr 50122		25-00	
12/14/07	он Ски 6358	Paul Botthe 1505 Ellis Som Fells, Du 50120		* œ0	
12/14/07	CK# 2172	Mex Lowler 29 453 Co Hoy DS 1 New Providence Sa 50206		100 00	
2/1/67	CK# 487	Ackley, In 50601		30 -	
	CK# 7018	Jeanette White 324 ohio Love Falls 2 50126		25 00	
7/17/07	CK# 9(9)	Beth Neff 4/6 Indiana Sown Falls In 50126		100 00	
1/07	CK# 4942	Wm H. Gilbert 19583 J Are Iowa Falls IA 50126		1000	
	CK# 6053	Lavonne Topp 17102 Havy 047 Hubbard, IA 50122		100 00	-
7/8/ - 1	ю# ск# 6091	Mary Weeks 116 medow Lone Lowa Falls. Ja 50126		75	
			SUB-TOTAL	\$500	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no

Page <u>5</u> of <u>6</u>

schedule)

For Instructions, See Back of Form		SCHEDULE	
CONTRIBUTIONS - MONEY TAKEN IN		A	MONETARY
(Including candidate's personal funds)		(Rev. 06/97)	RECEIPTS
COMMITTEE NAME (Must be same as on Stateme Hardn Co Dimorates Co	ant of Organization)	CHE AME	CK THIS BOX IF NDING FORM
STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIV NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED DISCLOSURE BOARD.		LIST THE PAC IDE E IOWA ETHICS AI	NTIFICATION ND CAMPAIGN

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MWDD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (If applicable)	AMOUNT RECEIVED	√ IF FUI RAI:
12/14/07	ID# CK# 1753	L.W. Meien 5285.04K FOWA FALLS, JASTIL		\$	INCO
12/07	ID# CK# 7647	Mildred 6/049 3/786 28421St		200	
	ID#	Gifford, IA 50259		50~	
	ID#				
	ID#				
	ID#		estinas tina		
j	ID#				
	D#				-
	CK#				<del></del>
	D#				·····
	CK#		SUB-TOTAL		· · · · · · · · ·

TOTAL (if last page of this

ege of this schedule) \$2358

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no

Page 6 of 6

#### FOR INSTRUCTIONS, SEE BACK OF FORM

### **EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
	CK THIS BOX IF

COMMITTEE NAME	(Must be same as	s on Statement of	Organization)
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Hardin Co Domocratic Central Committee

r	CANDIDATE	NAME AND ADDRESS TO WHOM	Buppoor	414611117
DATE EXPENDED (MM/DD/YR)	ID NUMBER (if applicable) AND PAC	EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
(MINVOO/1A)	CHECK NUMBER			
2/1	ID#	Seu S. Keninger		- 00
2/19/07	CK#/290	ackley. In	postoge	\$ 39 00
5/1	ID#	Reverbend Rally	4 of July Booth	9000
5/21/01	CK#/291	Lowa Falls. In	7 of my 1000 .	.70
5/201	ID#	Eldona Flower	Renal flows for	60
3/23/07	CK#/292	Eldon, In	Vince Chorme	36 <u>60</u>
8/23/67	ID#	Eldora Flower	Paneral Flower for	36
/67	CK# 1293	Eldora, De	P. Clingerman	3 (
8/30/07	ID#	Hy Vie	Pararal flowers for	42 80
70	CK# 1294	Lowa Falls. La	Sandy Berandt	
9/17/07	ID#	Sue S. Keningin	postage	41 00
11107	CK# 1298	arkley, In		
11/8/67	ID#	Postmoster	postoge for Bondrain	7150
167	CK# /296	Lowa Falls, In		•
11/12/	ID#	Roegy Parges Part Journ Falls, Se	cards for fund passer	73 56
12/07	CK#/297	John Fally, *		10
		4	SUB-TOTAL	\$431.06
			TOTAL (if last page of this schedule)	\$

#### THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

penditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G Instructions and Iowa Code 56.6(3)(i).)

Page \_\_\_\_\_ of \_\_\_\_\_

### **EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
	CK THIS BOX IF

СОММІТТЕЕ І	NAME (Must be same as on Statement of Organization)	
Hardin	Co Democrat Central Commetter	

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
4/18/07	ID# CK# 1298	Fareway 5tore Journ Falls, de	Food For Fundrasin	\$29 78
4/18/07	ID# CK# 1299	Ly Vee Lowa Falls. De	Food for findraumi	37 80
4/18/07		American Legion Town Falls, In	Rent for Peinlessin	75 99
11/18/07	ID# CK#1301	Red Rooster Cake Jour Fulls, Ja	Hood For Genelración	44 70
2/01	ID# CK#1302	Times Celtzen Iowa Falls, den	ads for Functionsin	18 40
12/07	ID# CK# <i>(3</i> 03	Journ Falls, Sa	Portage	41 00
18/03	ID# CK# 1304	Herald Index Oldora, Ja	ad for fundraisin	8 76
	ID# CK#			

SUB-TOTAL
TOTAL (if last page of this schedule)

\$255.64

### THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

penditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G Instructions and Iowa Code 56.6(3)(i).)

Page & of 2

COMMITTEE NAME (Must be same as on Statement of Organization)
Hardin G Denicratic Central Committee

SCHEDULE E (Rev. 06/97)	IN KIND CONTRIBUTIONS
CHECK	THIS BOX IF

DATE			·	_	
RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER
5/26/07	Oracj Harris Lova Falls. In Myllie Llogd Sufford, Jowan		Part our lashly Insuran	230	CONTRIBUTION
6/18/01	Millie Lloyd Sefford, Down		pd rent for	10	
				·	
		· · · · · · · · · · · · · · · · · · ·			
			·		
			SUB-TOTAL	\$	
			TOTAL (if last page of this schedule)	24000	

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page \_\_\_\_\_ of \_\_\_\_\_ (for Schedule E)